



SUPERIOR COURT OF CALIFORNIA
COUNTY OF IMPERIAL
939 W. MAIN ST.
EL CENTRO, CA. 92243
PHONE: (760) 482-4739 FAX: (760) 482-4740



An Equal Opportunity Employer

Application for Employment for Court Interpreter Pro Tempore

Instructions: Please complete all sections.

1. Type or print in black ink.
2. Attach copies of valid interpreter certification or registration (résumé optional).
3. Notify the Court Interpreter Coordinator of any change of address or contact information

1. Last Name:	First:	Middle Initial:
List other names used:		
Home Phone: ()		Work Phone: ()
Cell Phone: ()	Other: ()	E-Mail Address:
Do you have a valid Driver's License? Yes ___ No ___ State: _____ Driver's License Number _____		

2. Address:

Street	City	State	Zip Code
(If different than above)			
MAILING ADDRESS: _____			
Street	City	State	Zip Code

3. Please list your language(s) and certification and/or registration numbers below:

Language(s)	Certification Number	Registration Number

4. Provide information for education as it relates to the position for which you are applying

Colleges, Vocational/Technical Schools, Training Center	Major Subject	Units Completed	Type of Degree or Certificate

5. **EMPLOYMENT/WORK HISTORY:** Begin with your present or most recent job. This section must be completed, but may be limited to your last 10 years of experience. YOU MUST COMPLETE THIS SECTION EVEN IF YOU ARE SUBMITTING A RESUME. (Please attach additional sheets as necessary.)

PREVIOUS EMPLOYER: _____		JOB TITLE: _____	
EMPLOYER ADDRESS: _____			
Street		City	State Zip Code
DATES OF EMPLOYMENT: FROM _____ TO _____		FULL TIME: <input type="checkbox"/> Yes <input type="checkbox"/> No PART TIME: <input type="checkbox"/> Yes <input type="checkbox"/> No	
JOB DUTIES: _____ _____ _____ _____			
SUPERVISOR'S NAME: _____		PHONE: (____) _____ MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
REASON FOR LEAVING _____			

PREVIOUS EMPLOYER: _____		JOB TITLE: _____	
EMPLOYER ADDRESS: _____			
Street		City	State Zip Code
DATES OF EMPLOYMENT: FROM _____ TO _____		FULL TIME: <input type="checkbox"/> Yes <input type="checkbox"/> No PART TIME: <input type="checkbox"/> Yes <input type="checkbox"/> No	
JOB DUTIES: _____ _____ _____ _____			
SUPERVISOR'S NAME: _____		PHONE: (____) _____ MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
REASON FOR LEAVING _____			

PREVIOUS EMPLOYER: _____		JOB TITLE: _____	
EMPLOYER ADDRESS: _____			
Street		City	State Zip Code
DATES OF EMPLOYMENT: FROM _____ TO _____		FULL TIME: <input type="checkbox"/> Yes <input type="checkbox"/> No PART TIME: <input type="checkbox"/> Yes <input type="checkbox"/> No	
JOB DUTIES: _____ _____ _____ _____			
SUPERVISOR'S NAME: _____		PHONE: (____) _____ MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
REASON FOR LEAVING _____			

6. Have you ever been notified by a California Court that your services as an independent contractor would no longer be used? Check One. You may omit any incident occurring over 10 years ago.

If yes, please explain:

? YES

? NO

7. As an adult, have you ever been convicted by any court of an offense?

? YES ? NO

A plea of guilty or no contest must be reported. A plea of guilty or no contest will be reported to the employer as a conviction. You do not need to report the following:
(1) minor traffic violations; (2) any arrest or determination that did not result in conviction.

If Yes, indicate. This information will be reviewed for job relatedness. Use an additional sheet of paper, if necessary).

Date: _____ Charge(s): _____

Location: _____ Action Taken: _____

It is the policy of the judicial branch to hire only United States citizens and aliens authorized to work in the United States. Documentation of eligibility to work in the United States will be required as a condition of employment.

8. a) I understand that if offered employment, the offer is contingent on my passing a pre-employment drug screen. By signing this application, I voluntarily agree to submit to a pre-employment drug screen, if required, upon receipt of a verbal offer of employment. I understand that failure to pass the drug screen will result in withdrawal of the employment offer.
- b) I understand that if offered employment, the offer is contingent on my passing a pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment physical, if required, upon receipt of a verbal offer of employment. I understand that failure to pass a physical may result in withdrawal of the employment offer, absent a reasonable accommodation.
- c) **All new employees will be fingerprinted. Fingerprints are submitted to the California Department of Justice and Federal Bureau of Investigation.**
9. **CERTIFICATION BY APPLICANT:** I certify that all statements made in this application are true and accurate to the best of my knowledge. I agree and understand that any misstatements made in this application and any attachment, or omission of material fact, may result in termination of my potential or actual employment with the Superior Court of California, County of Imperial. I also understand that if I do not meet the criteria in Government Code, Chapter 7.5, Title 8 for this position, I will be removed from the position when this fact is determined, unless otherwise noted. I authorize the investigation of all statements given in this application, including contacting employers.

Signature of Applicant

Date Signed

Equal Opportunity Employer Questionnaire

This section will be detached from your application prior to the review and will be kept separately. In order to achieve and maintain equal employment opportunity, all applicants are asked to voluntarily provide the following information. This questionnaire complies with Federal Regulations and information provided is strictly confidential.

1. Gender:

- ☐ **MALE** ☐ **FEMALE**

2. Ethnic Category:

Choose the ethnic group with which you most closely identify: (Choose only one)

- ☐ **WHITE** (Not of Hispanic origin): All person having origins in any of the original peoples of Europe, North Africa or the Middle East.
- ☐ **BLACK** (Not of Hispanic origin): All persons having origins in any of the black racial groups of Africa.
- ☐ **HISPANIC** All persons of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.
- ☐ **ASIAN OR PACIFIC ISLANDER:**
All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Somoa.
- ☐ **AMERICAN INDIAN OR ALASKAN NATIVE**
All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.